



Guam Police Department
RECORDS & ID SECTION
P.O. Box 23909 GMF Barrigada, Guam 96921
Tiyán, Guam



PART II

CONCEALED FIREARM PERMIT APPLICATION

REQUIREMENTS:

- Applicants must be fingerprinted at the Guam Police Department (GPD) and thereafter fingerprint cards will be sent to the Federal Bureau of Investigation (FBI) in Washington, D.C. for an FBI Identification record check. (Note: it takes about 8-12 weeks to receive response back from the FBI).
- For Renewal of current CONCEALED permit holders, applicants must reapply three (3) months in advance for any subsequent concealed firearm I.D. Card.
- If application is approved, there will be a thirty (\$30.00) dollar fee.

Date of Application: _____ Firearm ID No.: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security No.: _____

Home Telephone: _____ Business Telephone: _____

Home/Mailing Address: _____

Employer/Occupation: _____

Type of Firearm to be used: _____

Serial No.: _____ Model: _____

	YES	NO
1. Is the firearm to be used in business? If YES, what type of business? _____	<input type="radio"/>	<input checked="" type="radio"/>
2. Have you previously been issued a concealed firearm permit?	<input type="radio"/>	<input type="radio"/>
3. Have you ever been convicted of any crime? If YES, what where the charges? _____	<input type="radio"/>	<input type="radio"/>
4. Is the need for a concealed permit an absolute necessity? If YES, explain. (Use back page for additional space). _____	<input type="radio"/>	<input type="radio"/>
5. Are you engaged in the protection of life and/or property? If YES, explain. (Use back page for additional space). _____	<input type="radio"/>	<input type="radio"/>
6. Are there genuine reasons to fear for the safety of your life and property? If YES, explain. (Use back page for additional space). _____	<input type="radio"/>	<input type="radio"/>

****If firearm is to be used in business, have your employer attest this application. (If Military, Commander of Military Police).**

EMPLOYER'S SIGNATURE: _____

PRINT NAME AND TITLE: _____

SIGNATURE OF APPLICANT: _____

☐ APPROVED

☐ DISAPPROVED

FRANKIE T. ISHIZAKI
Acting Chief of Police

ADDITIONAL SPACE (IF NEEDED):

- | | | YES | NO |
|-----------|---|-----------------------|-----------------------|
| 4. | Is the need for a concealed permit an absolute necessity?
If YES, explain. (Use back page for additional space). | <input type="radio"/> | <input type="radio"/> |
| 5. | Are you engaged in the protection of life and/or property?
If YES, explain. (Use back page for additional space). | <input type="radio"/> | <input type="radio"/> |
| 6. | Are there genuine reasons to fear for the safety of your life and property?
If YES, explain. (Use back page for additional space). | <input type="radio"/> | <input type="radio"/> |

SIGNATURE OF APPLICANT